

**Green Garden Preschool**  
**11871 W. Lindblade St., Culver City, CA. 90230**  
**(310) 612-4782**

**Application for Admission**

<hr/> Child's Full Name	M _____ F _____ Sex
<hr/> Date of Birth	<hr/> Previous School Experience
<hr/> Parent's/Guardian's Name	<hr/> Parent's/Guardian's Name
<hr/> Home Phone          Work Phone	<hr/> Home Phone          Work Phone
<hr/> Address	<hr/> Address
<hr/> City, ST ZIP Code	<hr/> City, ST ZIP Code
<hr/> Occupation	<hr/> Occupation

**Medical Information**

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Hospital/Clinic Preference

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Physician's Name	Phone Number
Insurance Company	Policy Number

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Allergies/Special Health Considerations

**Admissions**

Academic Year 201\_\_\_\_          Summer School 201\_\_\_\_

We would like to start \_\_\_\_\_

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Parent's/Guardian's Signature	Date
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I give permission for my child to go on field trips. I release Preschool and individuals from liability in case of accident during activities related to Green Garden Preschool, as long as normal safety procedures have been taken.

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Parent's/Guardian's Signature	Date
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Is there anything else you would like us to know about your child?

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